FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Partles must be filed electronically. Reset Form

COMMITTEE NAME (Must be same as an Statement of Org	ganization)	F	ORM
Agan for Supervisor		Total Control	DR-2 DISCLOSURE
IMPORTANT: Indicate by # type of committee you are reporting for (1) Statewide/LogIslative/Judge Standing for Rotention Candidate (4) County Central Committee (5) County Candidate (6) City Can Subdivision Candidate (8) County PAC (9) City PAC (10) School	(2) State PAC (3) State Party	itical	ov. 12/2009) REPORT
11) Local Ballot Issue		001	mm.# 18569
CANDIDATE COMMITTEES ONLY:	Political Party (if applicable		gged in
Cyala Aaan	Republican		mputer
Office Sough	District (if Senate or House		dited betilb
Supervisor	The second section is a second		
ate reports are subject to possible civil and criminal ponalties. Foundidate's committee, and the chairperson, for any other type of	Pursuant to lows Code sections 688. I committee, is the individual respon	32A(7) and 68A sible for filing tir	v.401(3), the candidate, for a mely and accurate reports.
Craig Olgan	641-828-7963 TELEPHONE	7	anuary 22, 2014
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATEISIGNED
IAMFILINGA January 19, 2011	REPORT FOR (1) ELECT	TON (DINON-P	ELECTION YEAR
		by # 2	
(roport dåte)			Date of Election
CHECK IF AMENDMENT TO REPORT DATED		Local Com	mittoes, enter Date of Election
☐ Check If this is final (termination) report and attach Notice	e of Dissolution Form DR-3.		ocal Committees, enter County in
(You must continue to file reports until a DR-3 is fil	.ed.)	which Elect	tion is hold
STATEMENT OF CASH ON HA	ND		
CASH ON HAND at the beginning of the reporting period. (committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	ne cash on hand at the end	\$	7.51
ADD TOTAL MONEY TAKEN IN THIS PERIOD			50,00
Schedule A: Cash Contributions total (Attach Sch	edule A) (*also see in-kind below)		
Schedule F; Loans Received total (Attach Schedu			50, 00
Schedule H: Total Sales of Campaign Property (A	Attach Schedule H)		
(Schedule H applies to Candidates' Co	mmittees Only)		100.51
	SUB-TOTA	L\$	1001-
SUBTRACT TOTAL MONEY SPENT THIS PERI			7.51
Schedule B: Expenditures total (Attach Schedule			1
Schedule F: Loan Repayments total (Attach Sche	edule F)		100.00
CASH ON HAND at the end of this reporting period (if final	report balance must be zero)	\$	/00,00
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sc	hodule E)	5	CO
"OUTSTANDING LOANS (From Schedule F - Attach Sche			20° -
CONSULTANT BREAKDOWN (Schedule G Attached?)		_	YES ZNO
CANDIDATE COMMITTEES ONLY:			
VALUE OF CAMPAIGN PROPERTY (From Schedule H - A	Attach Schedule H)	5	-

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

6418286351

COMMITTEE NA STATE CANDIDATE NUMBER AND THE P DISCLOSURE BOARI NOTE: ANY PERSI RESPONSIBILITIE	IS NOTE: IF A CONTRIBI AC CHECK NUMBER IN THE DO. ON, OTHER THAN AN II S AND SHOULD IMMER	EN IN Son Statement of Organization)	(Rov.	MAY HAVE FILING	S IF
FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSH TO GANDIDAT (if applicable)	E RECEIVED	FUND- RAISER INCOME
05/29/2013	NUMBER 10# CK# 6/73	Governor Branstad Committee (Campaign Refund)		\$50.00	
	ID# CK#				
	ID#				
	ID# . CK#				
	ID#				
	CK#				
	ID#				
		TOTAL (if)	SUB-TOT	\$50.	The second

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no applicable" in the relationship column. (for Schedule A)

familial relationship Page _

	FOR INS	TRUCTIONS,	SEE	BACK	OF	FORM
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	get	set For

SCHEDULE MONETARY B EXPENDITURES (Rov. 07/03)

> CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

//		name as on Statement of Organization)		
Agan	CANDIDATE	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
DATE EXPENDED (MM/DD/YR)	ID NUMBER (If applicable) AND PAC CHECK	(Disbursement) WAS MADE		
	NUMBER	Towa State Savings Bank Knowille Ia 50138	T (C)	
05/31/2013	ID#	Towa State Swings Switch	Bank Sanvice	\$ 7.51
7 1993	CK#	Knowing La 50150	Charges	
	ID#			
	CK#			
	ID#			
	CK#			
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	CK#			
			SUB-TOTAL	\$7.51
			TOTAL (If last page of this schedule	\$ 7.51

The second	 41.000		_	-	_		-				
 	 	+0	-	LIMI	P A	TEC	CO	REBREIT	TEES	ONL	Y:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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Page	of	

	ALCON CONTRACTOR OF THE PARTY O		
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, [f Applicable)	RELATIONSHIP TO CANDIDATE* (If Applica	AMOUNT REPAIL
ART II - MONETARY (Loans forgive	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING In must be reported on Schedule E In-kind Cont	TOTAL (PART I) PERIOD ributions.)	s 50. ∞
04/19/2 Cr 190 K	aig Agan 2000. Grandview Dr Moxville Ia 50138	Same	50.00
L UNPAID LOANS FI	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)		AMOUNT OF LOAN
: This schedule repor	ts maney loaned to the committee which is deposit	ted in the committee account.	CHECK THIS BO AMENDING FOR
tgan for	e same as on Statement of Organization)		(Rev. 02/08) RECEI & REP.